## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

II. Name of lobbyist's partnership, firm or corporation, if any:  AARP New Hampshire  (Name of partnership, firm or corporation)  45 South Main Street, Suite 202 Concord NH.  Business Address: (Street) (Town/City) (State)  (603) 230-4109 () e-mail tfahey@aarp.st (Fax)  III. This statement covers: (Choose one – file separate reports for each client, OR you may fil reportable expense transactions which are not attributable to any one client).  III. This statement covers: (Choose one – file separate reports for each client, OR you may fil reportable expense transactions occurring in the months prior to the reporting date relative to the fol AARP New Hampshire  (Full Name of Client as it appears on the Lobbyist Registration Form)  OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm unrelated to any particular client.  IV. Date of Report April 25, 2018   July 25, 2018	100
AARP New Hampshire  (Name of partnership, firm or corporation)  45 South Main Street, Suite 202 Concord NH.  Business Address: (Street) (Town/City) (State)  (603) 230-4109 (Fax)  III. This statement covers: (Choose one – file separate reports for each client, OR you may fil reportable expense transactions which are not attributable to any one client).  All reportable transactions occurring in the months prior to the reporting date relative to the fol AARP New Hampshire  (Full Name of Client as it appears on the Lobbyist Registration Form)  OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm unrelated to any particular client.  IV. Date of Report April 25, 2018   July 25, 2018	JAN 22 2019
AARP New Hampshire  (Name of partnership, firm or corporation)  45 South Main Street, Suite 202 Concord NH.  Business Address: (Street) (Town/City) (State)  (603) 230-4109 (Fax)  III. This statement covers: (Choose one – file separate reports for each client, OR you may fil reportable expense transactions which are not attributable to any one client).  All reportable transactions occurring in the months prior to the reporting date relative to the fol AARP New Hampshire  (Full Name of Client as it appears on the Lobbyist Registration Form)  OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm unrelated to any particular client.  IV. Date of Report April 25, 2018   July 25, 2018	JAN 22 2019
(Name of partnership, firm or corporation)  45 South Main Street, Suite 202 Concord NH.  Business Address: (Street) (Town/City) (State)  (603) 230-4109 (Pax)  III. This statement covers: (Choose one – file separate reports for each client, OR you may file reportable expense transactions which are not attributable to any one client).  All reportable transactions occurring in the months prior to the reporting date relative to the fol AARP New Hampshire  (Full Name of Client as it appears on the Lobbyist Registration Form)  OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm unrelated to any particular client.  IV. Date of Report April 25, 2018	NEW HAMPSHIRE
45 South Main Street, Suite 202 Concord NH.  Business Address: (Street) (Town/City) (State)  (603) 230-4109 (Fax)  III. This statement covers: (Choose one – file separate reports for each client, OR you may fil reportable expense transactions which are not attributable to any one client).  I All reportable transactions occurring in the months prior to the reporting date relative to the fol AARP New Hampshire  (Full Name of Client as it appears on the Lobbyist Registration Form)  OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm unrelated to any particular client.  IV. Date of Report April 25, 2018   July 25, 2018	NEW HAMPSHIRE DEPARTMENT OF STA
Business Address: (Street) (Town/City) (State)  (603) 230-4109 (Fax)  III. This statement covers: (Choose one – file separate reports for each client, OR you may fil reportable expense transactions which are not attributable to any one client).  All reportable transactions occurring in the months prior to the reporting date relative to the fol AARP New Hampshire  (Full Name of Client as it appears on the Lobbyist Registration Form)  OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm unrelated to any particular client.  IV. Date of Report April 25, 2018   July 25, 2018	
(603) 230-4109 ( )	03301
III. This statement covers: (Choose one – file separate reports for each client, OR you may file reportable expense transactions which are not attributable to any one client).  ☐ All reportable transactions occurring in the months prior to the reporting date relative to the fole AARP New Hampshire  ☐ (Full Name of Client as it appears on the Lobbyist Registration Form)  ☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm unrelated to any particular client.  ☐ July 25, 2018 ☐	(Zip Code)
reportable expense transactions which are not attributable to any one client).  All reportable transactions occurring in the months prior to the reporting date relative to the fol AARP New Hampshire  (Full Name of Client as it appears on the Lobbyist Registration Form)  OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm unrelated to any particular client.  IV. Date of Report April 25, 2018	org
(Full Name of Client as it appears on the Lobbyist Registration Form)  OR  □ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm unrelated to any particular client.  IV. Date of Report April 25, 2018 □ July 25, 2018 □	
OR  ☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm unrelated to any particular client.  IV. Date of Report April 25, 2018 ☐  July 25, 2018 ☐	
☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm unrelated to any particular client.  IV. Date of Report April 25, 2018 ☐ July 25, 2018 ☐	
Reports cover: activity from date of registration to $3/31/18$ activity from $4/1/18$ to $6/30/18$ October 31, 2018 $\square$ January 30, 2019 $\square$ activity from $7/1/18$ to $9/30/18$ activity from $10/1/18$ to $12/31/18$	
V. There have been no fees received and no reportable transactions made since the la If this box is checked, complete just this form and submit it to the Secretary of State's Office, State Concord, NH 03301.	
VI. Check if additional reports are attached:	
☐ If you have received fees or made expenditures, you must file Addendum A- Fees and Expenditures.	ses
$\square$ If you have paid an honorarium or reimbursed expenses, you must file <b>Addendum B</b> $-$ Report Expense Reimbursement	of Honorariums or
☐ If you, your firm, or your family has made political contributions, you must file Addendum C	- Political Contributions
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15-RSA 15-B, RSA/14-C and RSA 664 and hereby swear or affirm that the foreg and complete to the best of my knowledge and belief.  (Signature of lobbyist)  Todd Fahey  (Print Name of lobbyist)	